FRANCISCAN WOODS

19525 WEST NORTH AVENUE

BROOKFIELD 53045 Phone: (262) 785-111	.4	Ownership:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation	: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed $(12/31/02)$:	120	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/02):	120	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/02:	114	Average Daily Census:	112
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Services Provided to Non-Residents Age, Se	x, and Primary	Diagnosis of Residents (12/31/02)	Length of Stav (12/31/02)

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/02)					
Home Health Care	Primary Diagnosis		Age Groups %			53.5		
Supp. Home Care-Personal Care	No	•		•			36.8	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.6	More Than 4 Years	9.6	
Day Services	No	Mental Illness (Org./Psy)	1.8	65 - 74	8.8			
Respite Care	No	Mental Illness (Other)	0.9	75 - 84	31.6		100.0	
Adult Day Care	Alcohol & Other Drug Abuse	0.0	85 - 94	44.7	*********			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.3	Full-Time Equivalent		
Congregate Meals No		Cancer	2.6			Nursing Staff per 100 Resident		
Home Delivered Meals	No	Fractures	8.8		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	3.5	65 & Over	97.4			
Transportation	No	Cerebrovascular	5.3			RNs	13.3	
Referral Service	No	Diabetes	1.8	Sex	용	LPNs	12.5	
Other Services	No	Respiratory	2.6			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	72.8	Male	25.4	Aides, & Orderlies	34.9	
Mentally Ill	No			Female	74.6			
Provide Day Programming for		L	100.0	1				
Developmentally Disabled	No				100.0			
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Method of Reimbursement

		Medicare			edicaid			Other			Private Pay	:		amily Care			Managed Care			
Level of Care	No.	96	Per Diem (\$)	No.	90	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	ofo	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	26	100.0	307	1	2.3	138	0	0.0	0	0	0.0	0	0	0.0	0	2	100.0	334	29	25.4
Skilled Care	0	0.0	0	41	95.3	118	0	0.0	0	43	100.0	216	0	0.0	0	0	0.0	0	84	73.7
Intermediate				1	2.3	98	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	26	100.0		43	100.0		0	0.0		43	100.0		0	0.0		2	100.0		114	100.0

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Admissions, Discharges, and	1	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02									
Deaths During Reporting Period											
	1			9	% Needing		Total				
Percent Admissions from:	1	Activities of	%	Ass	sistance of	% Totally	Number of				
Private Home/No Home Health	4.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents				
Private Home/With Home Health	0.0	Bathing	0.0		62.3	37.7	114				
Other Nursing Homes	0.2	Dressing	4.4		64.9	30.7	114				
Acute Care Hospitals	95.0	Transferring	8.8		64.0	27.2	114				
Psych. HospMR/DD Facilities	0.0	Toilet Use	10.5		64.0	25.4	114				
Rehabilitation Hospitals	0.0	Eating	69.3		17.5	13.2	114				
Other Locations	0.0	* * * * * * * * * * * * * * * * * * * *	*****	****	*****	* * * * * * * * * * * * * * * * * * * *	******				
Total Number of Admissions	524	Continence		용	Special Treatme	nts	90				
Percent Discharges To:	1	Indwelling Or Externa	al Catheter	16.7	Receiving Res	piratory Care	9.6				
Private Home/No Home Health	23.7	Occ/Freq. Incontinent	t of Bladder	40.4	Receiving Tra	cheostomy Care	0.0				
Private Home/With Home Health	33.0	Occ/Freq. Incontinent	t of Bowel	36.0	Receiving Suc	tioning	0.0				
Other Nursing Homes	1.0				Receiving Ost	omy Care	0.9				
Acute Care Hospitals	10.7	Mobility			Receiving Tube	e Feeding	4.4				
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	0.0	Receiving Mec	hanically Altered Diet:	26.3				
Rehabilitation Hospitals	0.2										
Other Locations	11.6	Skin Care			Other Resident	Characteristics					
Deaths	19.8	With Pressure Sores		11.4	Have Advance	Directives	75.4				
Total Number of Discharges		With Rashes		9.6	Medications						

Receiving Psychoactive Drugs

57.0

(Including Deaths)

524 |

	This	Other Hospital-		All	
	Facility	Based Facilities		Fac	ilties
	%	응	Ratio	용	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.3	87.4	1.07	85.1	1.10
Current Residents from In-County	64.9	84.3	0.77	76.6	0.85
Admissions from In-County, Still Residing	7.3	15.2	0.48	20.3	0.36
Admissions/Average Daily Census	467.9	213.3	2.19	133.4	3.51
Discharges/Average Daily Census	467.9	214.2	2.18	135.3	3.46
Discharges To Private Residence/Average Daily Census	265.2	112.9	2.35	56.6	4.69
Residents Receiving Skilled Care	99.1	91.1	1.09	86.3	1.15
Residents Aged 65 and Older	97.4	91.8	1.06	87.7	1.11
Title 19 (Medicaid) Funded Residents	37.7	65.1	0.58	67.5	0.56
Private Pay Funded Residents	37.7	22.6	1.67	21.0	1.79
Developmentally Disabled Residents	0.0	1.5	0.00	7.1	0.00
Mentally Ill Residents	2.6	31.3	0.08	33.3	0.08
General Medical Service Residents	72.8	21.8	3.34	20.5	3.55
<pre>Impaired ADL (Mean) *</pre>	54.4	48.9	1.11	49.3	1.10
Psychological Problems	57.0	51.6	1.10	54.0	1.06
Nursing Care Required (Mean) *	7.8	7.4	1.05	7.2	1.08